

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Reinhold Holtkamp, Sr.
Title: Multiflorescence Characteristic in
African Violets
Appl. No.: NEW APPLICATION
Filing Date: January 17, 2002
Examiner: Unassigned
Art Unit: Unassigned

UTILITY PATENT APPLICATION
TRANSMITTAL

Commissioner for Patents
Box PATENT APPLICATION
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Reinhold Holtkamp, Sr.
4412 Brick Church Pike
Nasvhille, TN 37189

☒ Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

- ☒ Specification, Claim(s), and Abstract (21 pages).
- ☒ Formal drawings (10 sheets, Figures 1-8).
- ☒ Declaration and Power of Attorney (3 pages).
- ☒ Assignment of the invention to International Plant Breeding AG.

- ☒ Assignment Recordation Cover Sheet.
- ☐ Small Entity statement.
- ☐ Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).
- ☐ Information Disclosure Statement.
- ☐ Form PTO-1449 with copies of ___ listed reference(s).
- ☐ Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$740.00	\$740.00
Total Claims:	7	- 20	= 0	x \$18.00	= \$0.00
Independents:	2	- 3	= 0	x \$84.00	= \$0.00
If any Multiple Dependent Claim(s) present:			+	\$280.00	= \$0.00
				SUBTOTAL:	= \$740.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):					= \$370.00
				TOTAL FILING FEE:	= \$370.00
Assignment Recordation Fee:			+	\$40.00	= \$40.00
				TOTAL FEE	= \$410.00

- ☒ A check in the amount of \$410.00 to cover the filing fee and fee for recordation of Assignment is enclosed.
- ☐ The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

January 17, 2012

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By

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